



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/26/2015

Business ID: 14973

William M. Gardner

Secretary of State

SANTA'S VILLAGE, INC.

528 PRESIDENTIAL HWY
JEFFERSON, NH 03583

ADDRESS OF PRINCIPAL OFFICE:

528 PRESIDENTIAL HWY
JEFFERSON, NH 03583

REGISTERED AGENT AND OFFICE:

GAINER, ELAINE
8 GRANDVIEW DR
LANCASTER, NH 03584

ENTITY TYPE: CORPORATION

BUSINESS ID: 14973

STATE OF DOMICILE: NEW HAMPSHIRE

AMUSEMENT PARK (1997 AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

SEC'Y. **Melanie Staley**
STREET **46 Cathedral Rd**
CITY/STATE/ZIP **Lancaster Nh 03584**
V-PRES. **Christian Gainer**
STREET **8 Grandview Dr**
CITY/STATE/ZIP **Lancaster Nh 03584**
PRES. **Elaine D Gainer**
STREET **528 Presidential Hwy**
CITY/STATE/ZIP **Jefferson Nh 03583**
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Elaine D Gainer**
STREET **528 Presidential Hwy**
CITY/STATE/ZIP **Jefferson Nh 03583**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

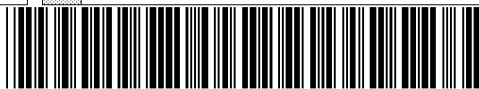
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Melanie Staley**

Please print name and title of signer: **Melanie Staley** / **SECRETARY**
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



1497320151003

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301